

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY-DOCKET NO.
09/149,718	09/08/98	435	1643	ANS-101-CIP(

APPLICANT KATE DORA GAMES, BELMONT, CA; DALE BERNARD SCHENK, DURLINGUE, CA;
LISA CLAIRE MCCONLOGUE, SAN FRANCISCO, CA; PETER ANDREW SEUBERT,
SAN FRANCISCO, CA; RUSSELL E. RYDEL, BELMONT, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/480,653 06/07/95

dc yes

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 09/24/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS PATREA L PABST
ARNALL GOLDEN & GREGORY
2700 ONE ATLANTIC CENTER
1201 W PEACHTREE STREET
ATLANTA GA 30309-3450

TITLE METHOD FOR IDENTIFYING ALZHEIMER'S DISEASE THERAPEUTICS USING
TRANSGENIC ANIMAL MODELS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,538		

RIAL NUMBER 09/149,718	FILING DATE 09/08/98	CLASS 435	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. ANS-101-CIP(
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KATE DORA GAMES, BELMONT, CA; DALE BERNARD SCHENK, BURLINGAME, CA;
LISA CLAIRE MCCONLOGUE, SAN FRANCISCO, CA; PETER ANDREW SEUBERT,
SAN FRANCISCO, CA; RUSSELL E. RYDEL, BELMONT, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/660,487 06/07/96
WHICH IS A CIP OF 08/480,653 06/07/95
WHICH IS A CIP OF 08/659,797 06/07/96
WHICH IS A CIP OF 08/486,538 06/07/95

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 09/24/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials Initials					

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METHOD FOR IDENTIFYING ALZHEIMER'S DISEASE THERAPEUTICS USING
TRANSGENIC ANIMAL MODELS

ING FEE CEIVED 1,538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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